

### Request of Reimbursement for Course Fees

**Member Reimbursement**

**Employer Reimbursement**

Member/Employee Name:		SIN/MEMBER #:	
Address:			
Phone:			
Course Name:			
Course Date(s):		Course Cost - see reimbursement policy attached	
Course Location / Institution Name:			
<b>Current Employer:</b>			

#### Eligibility Criteria

- Must be a member in good standing.
- Must have worked for an employer that contributes into the Training Plan anytime within the past 12 months from the date of the course receipt.
- Must provide an official detailed receipt of course fees paid.
- Must provide documentation showing successful completion of the course
- Must submit for reimbursement within 6 months of the course completion date
- Employers must receive approval from the Training Society prior to applying for reimbursement. All eligibility criteria must be met and a completed form #F1.3 must be submitted for each employee

Signature of Member (for member reimbursement) \_\_\_\_\_

**For Employer Reimbursement:** \_\_\_\_\_

Employer Contact Name	Phone	Employer Contact Signature

#### Office Use Only

Approved by Administrator:			
Last Hours Reported:		Total Hours:	